

CHP 262 (Rev. 3-09) OPI 071

DEPARTMENT California Highway Patrol	PAGE(S) 1 of 1
---	-------------------

CLAIMANT'S NAME	I. D. NUMBER	SOCIAL SECURITY NUMBER*	WORK TELEPHONE NUMBER
Joseph A. Farrow	09480		(916) 843-3001
POSITION	CB / ID NUMBER	DIVISION OR BUREAU	LOCATION CODE
CHP Commissioner	M05	Office of the Commissioner	001
RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS		
	601 North 7th Street		
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE		
	Sacramento, CA 95811		

[illegible]

11 PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS / VOUCHERS WHEN REQUIRED)
6/2: Visited Inland Division
6/17: Southern Division Employee Appreciation Day
6/24: Attended Public Agency Emergency Response Orientation
6/25: Attended Unit 7 Meet and Confer Negotiations; visited terminally ill officer

12. NORMAL WORK HOURS

0800-1700 hours

13 REGULAR DAYS OFF

Saturday/Sunday

14. PRIVATE VEHICLE LICENSE NUMBER

15. MILEAGE RATE CLAIMED

ACCOUNTING USE ONLY

PAID FOR BY REVOLVING CHECK NUMBER

16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S.A.M. Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE (blue ink only)	DATE	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
SIG	JRE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES		DATE